

\$ 100⁰⁰

ENTERED

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District R-1Lakes Class 2

I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No:		County Permit No: <u>22-0073</u>					
Property Owner's Name: <u>Pete Komro</u>				County: <u>Bayfield</u>							
Address of Property: <u>3720 Schies Rd Barnes, WI 54873</u>				Property Location: <u>SW 1/4 NE 1/4, S 4 T 44 N, R 9 E (or) W</u>							
Property Owner's Mailing Address: <u>882 Yellowstone trail</u>				Township: <u>BARNES</u>		Gov. Lot #:					
City, State <u>Hudson, WI</u>	Zip Code <u>54016</u>	Phone Number <u>715-495-6884</u>	Lot # <u>9+10</u>	Block #:	CSM #:	CSM Doc #	Subdivision Name <u>CERT SURVEY S-330</u>				
II. TYPE OF BUILDING: (Check One)				Tax ID#:							
<input type="checkbox"/> State Owned <u>RV Dump</u> <input type="checkbox"/> Public (Explain the use/purpose _____) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____				<u>1435</u>							
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)											
A) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> County Private Interceptor <u>RV Dump</u> <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____											
B) <input type="checkbox"/> A Sanitary Permit was previously issued. <u>Previous Permit Number: 137204</u> Date Issued: <u>1990 Aug-8th</u>											
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above											
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet											
V. ABSORPTION SYSTEM INFORMATION:											
1. Gallons Per Day <u>300</u>	2. Absorp. Area Required (Sq. Ft.) <u>410</u>	3. Absorp. Area Proposed (Sq. Ft.) <u>420</u>	4. Loading Rate (Gals. / Day / Sq. Ft.) <u>1.2</u>	5. Perc. Rate (Min. Inch) <u>< 10</u>	6. System Elev. (Feet) <u>96</u>	7. Final Grade Elev. (Feet) <u>100</u>					
VI. TANK INFORMATION:		Capacity In Gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
		New Tanks	Existing Tanks								
Septic Tank or Holding Tank			<u>800</u>	<u>800</u>	<u>1</u>	<u>RASMUSSEN'S</u>	<u>X</u>				
Lift Pump Tank / Siphon Chamber											
VII. RESPONSIBILITY STATEMENT:											
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.											
Owner's Name(s): (Print) If applying for Section C above						Owner's Signature(s): (No Stamps)					
Plumber's Name: (Print) If applying for Section A or B) above <u>Oru Botten</u>						Plumber's Signature: (No Stamps) <u>Oru Botten</u>					
Plumber's Address: (Street, City State, Zip Code) <u>1808 Tower Ave Superior WI 54880</u>						MP/MPRSW No: <u>225286</u>					
Home Phone: <u>715-817-4404</u>						Business Phone: <u>715-817-4404</u>					
VIII. COUNTY / DEPARTMENT USE ONLY											
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		Sanitary Permit/Transfer Fee: <u>100- 9-17-21 date</u>		Date Issued: <u>2-23-2022 date</u>		Issuing Agent's Signature / Date: <u>1423713 9/24/21</u>			
		<input type="checkbox"/> Owner Given Initial Adverse Determination									
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:											

Plot Plan on reverse side

SEE ATTACHED

Added AN RV Dump station, Connected
with New sch. 40 4" PVC Pipe, Wxed into
Existing Line coming from shed just Before
entering TANK.

← Name of Frontage Road () →

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**

RECEIVED

SEP 15 2021

Bayfield Co.
Planning and Zoning Agency

- | | |
|---|---|
| a. Building to all lot lines | i. Privy to building |
| b. Building to centerline of road | j. Privy to lake, river, stream or pond |
| c. Building to lake, river, stream or pond | k. Drain field to closest lot line |
| d. Septic / holding tank to closest lot line | l. Drain field to building |
| e. Septic/holding tank to building | m. Drain field to well |
| f. Septic / holding tank to well | n. Drain field to lake, river, stream or pond |
| g. Septic / holding tank to lake, river, stream or pond | o. Well to building |
| h. Privy to closest lot line | |

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

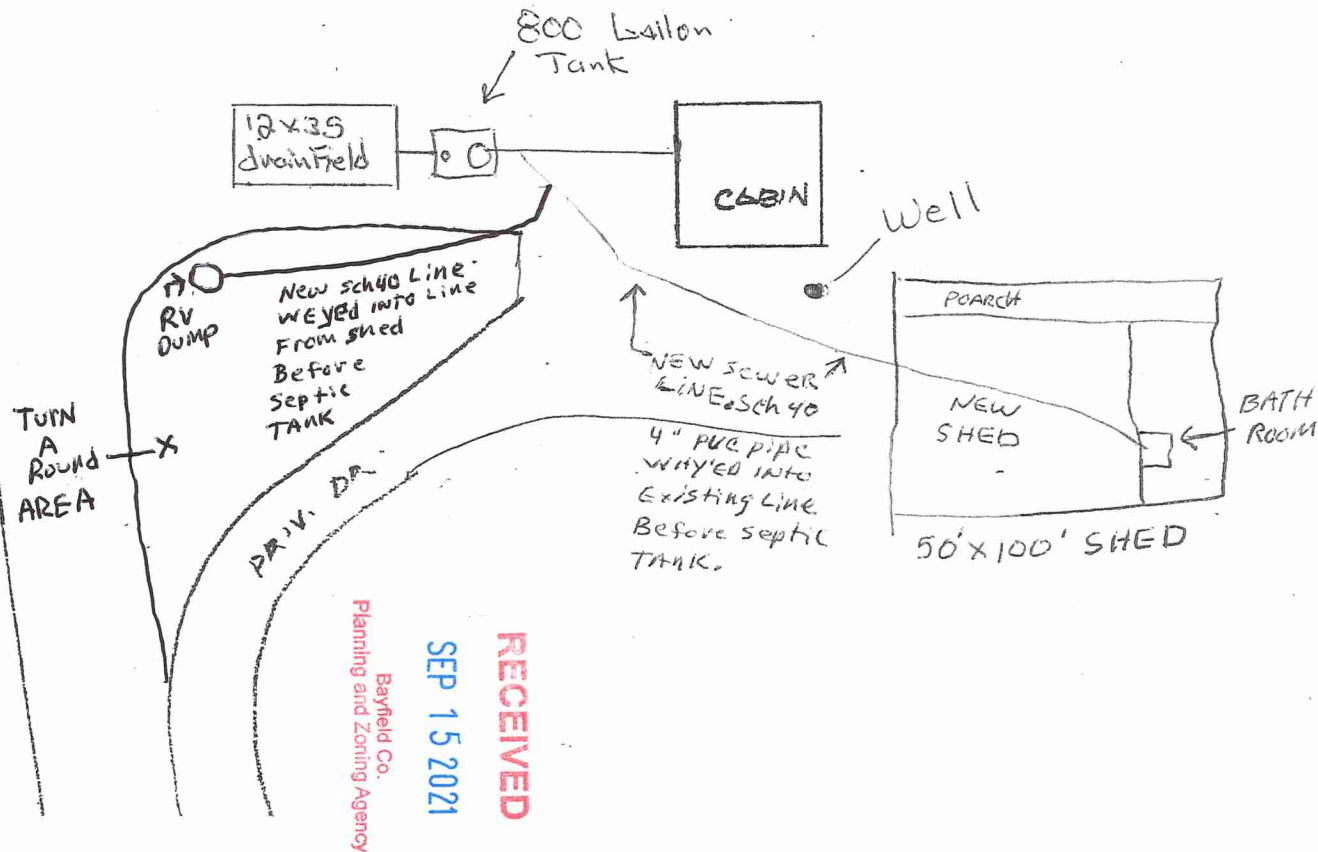
ROBINSON LK.

Pete Komro
3720 Schiess Rd
Barnes W.I. 54873



SCALE: 1"=40'

SW, NE, 4, 44, 9 W
BARNES TN.
BAYFIELD CO., WI.





SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

-Attach complete plans (to the county copy only) for the system, on paper not less than 8½ x 11 inches in size.

-See reverse side for instructions for completing this application.

I. APPLICANT INFORMATION - PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER GIANFRANCO PAGNUCCI			PROPERTY LOCATION SW ¼ NE ¼, S 4 T 44, N, R 9 E (or W)		
PROPERTY OWNER'S MAILING ADDRESS RT. 3 Box 209B			LOT # 9E/10		BLOCK #
CITY, STATE PLATTVILLE, WI.	ZIP CODE 53818	PHONE NUMBER ()	SUBDIVISION NAME OR CSM NUMBER CERT. SURVEY S - 330		
II. TYPE OF BUILDING: (Check one) <input type="checkbox"/> State Owned			<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN OF: BARNES		NEAREST ROAD BIRCH LK. RD.
<input type="checkbox"/> Public <input checked="" type="checkbox"/> 1 or 2 Fam. Dwelling - # of bedrooms 2			PARCEL TAX NUMBER(S)		

III. BUILDING USE: (If building type is public, check all that apply)

- | | | |
|--|--|---|
| 1 <input type="checkbox"/> Apt/Condo | 6 <input type="checkbox"/> Medical Facility/Nursing Home | 10 <input type="checkbox"/> Outdoor Recreational Facility |
| 2 <input type="checkbox"/> Assembly Hall | 7 <input type="checkbox"/> Merchandise: Sales/Repairs | 11 <input type="checkbox"/> Restaurant/Bar/Dining |
| 3 <input type="checkbox"/> Campground | 8 <input type="checkbox"/> Mobile Home Park | 12 <input type="checkbox"/> Service Station/Car Wash |
| 4 <input type="checkbox"/> Church/School | 9 <input type="checkbox"/> Office/Factory | 13 <input type="checkbox"/> Other: Specify _____ |
| 5 <input type="checkbox"/> Hotel/Motel | | |

IV. TYPE OF PERMIT: (Check only one in line A. Check line B if applicable)

- A) 1. ☒ New System 2. ☐ Replacement System 3. ☐ Replacement of Tank Only 4. ☐ Reconnection of Existing System 5. ☐ Repair of an Existing System
- B) ☐ A Sanitary Permit was previously issued. Permit # _____ Date Issued _____

V. TYPE OF SYSTEM: (Check only one)

- | | | | |
|--|--|--|--|
| Non-Pressurized Distribution | Pressurized Distribution | Experimental | Other |
| 11 <input checked="" type="checkbox"/> Seepage Bed | 21 <input type="checkbox"/> Mound | 30 <input type="checkbox"/> Specify Type _____ | 41 <input type="checkbox"/> Holding Tank |
| 12 <input type="checkbox"/> Seepage Trench | 22 <input type="checkbox"/> In-Ground Pressure | | 42 <input type="checkbox"/> Pit Privy |
| 13 <input type="checkbox"/> Seepage Pit | | | 43 <input type="checkbox"/> Vault Privy |
| 14 <input type="checkbox"/> System-In-Fill | | | |

VI. ABSORPTION SYSTEM INFORMATION:

1. GALLONS PER DAY 300	2. ABSORP. AREA REQUIRED (sq. ft.) 410	3. ABSORP. AREA PROPOSED (sq. ft.) 420	4. LOADING RATE (Gals/day/sq. ft.) 1.2	5. PERC. RATE (Min./Inch) <10	6. SYSTEM ELEV. 96 Feet	7. FINAL GRADE ELEVATION 100 Feet
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VII. TANK INFORMATION	CAPACITY in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	<input checked="" type="checkbox"/>		800	1	RASMUSSEN'S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank/Siphon Chamber	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's Name (Print): ANDRY RASMUSSEN	Plumber's Signature (No Stamps) <i>Andry Rasmussen</i>	MP/MPSRW No.: 3938	Business Phone Number: (715) 798-3355
Plumber's Address (Street, City, State, Zip Code): P.O. Box 66, CABLE, WI. 54821			

IX. COUNTY/DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial <input type="checkbox"/> Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) 100.00 pd / RJK	Date Issued 8-22-90	Issuing Agent Signature (No Stamps) DAVID K. Lee / S.J.
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X. CONDITIONS OF APPROVAL/REASONS FOR DISAPPROVAL:

INSPECTION REPORT FOR
ON-SITE SEWAGE SYSTEMS

SAFETY & BUILDING
DIVISION
OFFICE OF DIVISION CODES & APPLICATION

4115 #
2720

State Plan I.D. Number:
(If assigned)

☒ CONVENTIONAL ☐ ALTERNATIVE
☐ Holding Tank ☐ In-Ground Pressure ☐ Mound

NAME OF PERMIT HOLDER: FRANFRANCO PRAGUCCI	ADDRESS OF PERMIT HOLDER: 8717 MOCKINGBIRD RD. S., PLATVILLE, WI	INSPECTION DATE: 7-31-90
BENCH MARK (Permanent reference point) DESCRIBE IF DIFFERENT FROM PLAN: SAME		REF. PT. ELEV.: 4.5
NAME OF PLUMBER: RASMUSSEN	MP/MPSRW No.: 3938	County: BAYFIELD
		Sanitary Permit Number: 137204

SEPTIC TANK/HOLDING TANK:

MANUFACTURER: RASMUSSEN	LIQUID CAPACITY: 800	TANK INLET ELEV.: 6.4	TANK OUTLET ELEV.: 6.65	WARNING LABEL PROVIDED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LOCKING COVER PROVIDED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
BEDDING: SAND <input type="checkbox"/> YES <input type="checkbox"/> NO	VENT DIA.: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VENT MATL.: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	HIGH WATER ALARM: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NUMBER OF FEET FROM NEAREST: 7100	ROAD: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		PROPERTY LINE: 7100	WELL: 25'	BUILDING: NO BLDG	VENT TO FRESH AIR INLET: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

DOSING CHAMBER:

MANUFACTURER:	BEDDING: <input type="checkbox"/> YES <input type="checkbox"/> NO	LIQUID CAPACITY:	PUMP MODEL:	PUMP/SIPHON MANUFACTURER:	WARNING LABEL PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCKING COVER PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
GALLONS PER CYCLE: (DIFFERENCE BETWEEN PUMP ON AND OFF)	PUMP AND CONTROLS OPERATIONAL: <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF FEET FROM NEAREST: 7100		PROPERTY LINE:	WELL:
				BUILDING:		VENT TO FRESH AIR INLET:

SOIL ABSORPTION SYSTEM. Check the soil moisture at the depth of plowing or excavation. (If soil can be rolled into a wire, construction shall cease until the soil is dry enough to continue.)

FORCE MAIN	LENGTH:	DIAMETER:	MATERIAL AND MARKING:
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CONVENTIONAL SYSTEM:

BED/TRENCH DIMENSIONS	WIDTH: 12	LENGTH: 35	NO. OF TRENCHES: <input checked="" type="checkbox"/>	DISTR. PIPE SPACING: 6'	COVER MATERIAL: SYNTHETIC	PIT	INSIDE DIA.:	# PITS:	LIQUID DEPTH:
GRAVEL DEPTH BELOW PIPES: NOT CHECKED	FILL DEPTH ABOVE COVER: 6.94	DISTR. PIPE ELEV. INLET: 7.2	DISTR. PIPE ELEV. END:	DISTR. PIPE MATERIAL: SYNTHETIC	NO. DISTR. PIPES: 2	NUMBER OF FEET FROM NEAREST: 100' rx	WELL: 50'	BUILDING: NO BLDG	VENT TO FRESH AIR INLET: NO BLDG

MOUND SYSTEM: **AVG. 36"**

Mound site plowed perpendicular to slope and furrows thrown unslope: <input type="checkbox"/> YES <input type="checkbox"/> NO	Check the texture of the fill material for mound systems to make certain that it meets the criteria for medium sand.	PROVIDE A DIAGRAM OF SYSTEM ON REVERSE SIDE. SHOW ELEVATIONS MEASURED.
SOIL COVER	TEXTURE:	PERMANENT MARKERS: <input type="checkbox"/> YES <input type="checkbox"/> NO
DEPTH OVER TRENCH/BED CENTER:	DEPTH OVER TRENCH/BED EDGES:	DEPTHS OF TOPSOIL:
SODDED: <input type="checkbox"/> YES <input type="checkbox"/> NO		SEEDDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
MULCHED: <input type="checkbox"/> YES <input type="checkbox"/> NO		

PRESSURIZED DISTRIBUTION SYSTEM:

BED/TRENCH DIMENSIONS	WIDTH:	LENGTH:	NO. OF TRENCHES:	LATERAL SPACING:	GRAVEL DEPTH BELOW PIPE:	FILL DEPTH ABOVE COVER:
ELEVATION AND DISTRIBUTION INFORMATION	MANIFOLD ELEV.:	PUMP ELEV.:	MANIFOLD DIA.:	DISTR. PIPE ELEV.:	MANIFOLD MATERIAL:	NO. DISTR. PIPES:
HOLE SIZE:	HOLE SPACING:	DRILLED CORRECTLY: <input type="checkbox"/> YES <input type="checkbox"/> NO	COVER MATERIAL:		VERTICAL LIFT CORRESPONDS TO APPROVED PLANS <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS:	PERMANENT MARKERS: <input type="checkbox"/> YES <input type="checkbox"/> NO		OBSERVATION WELLS: <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF FEET FROM NEAREST: 7100	PROPERTY LINE:
						WELL:
						BUILDING:

KIRK LUFKIN 1.00 TANKS

SYSTEM - 7.9

Sketch System on
Reverse Side.

SBD-6710 (R. 06/88)

Retain in county file for audit.

SIGNATURE:

Raymond J. Thompson

TITLE:

AZA

ROBINSON LK.



SCALE: 1"=40'

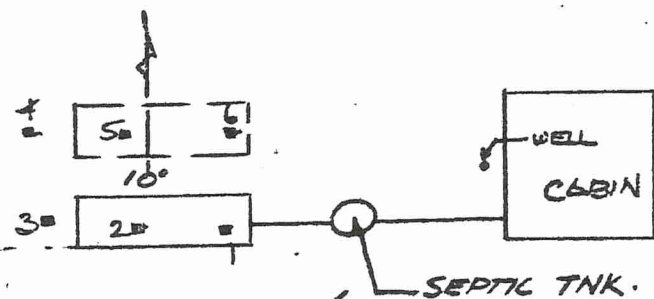
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SEP 15 2021

Bayfield Co.
Planning and Zoning Agency

FRANCO PAGNUCCI
RT. 3, Box 209B
PLATTVILLE, WI.
53818

LOTS 9 & 10
C.S.M #S-330
SW, NE, 4, 44, 9 W
BARNES TN.
BAYFIELD CO., WI.



Andy Rosman
M.P. 3938

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **Floodplain**
SANITARY – **Private Intercept**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0023** Issued To: **Pete Komro**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section Township N. Range W. Town of

Part in

Gov't Lot **9 & 10** Lot Block Subdivision CSM#

Residential

For: Other:

Sanitary - Private Intercept (#137204)

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

Private Intercept for RV Dump

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.
or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

February 23, 2022

Date